

Application for the Neighborhood Commercial Revitalization Program

Partnership Project Application

The City of San Antonio is seeking inquires for the 2006 Neighborhood Commercial Revitalization Program Partnership Projects. During FY 2006, up to two groups will be selected to participate and receive a one time \$5,000 grant for up to 3 years to assist in organizational development. Applications will only be accepted from groups that have been formally invited to apply.

For more information contact
City of San Antonio
Neighborhood Action Department
Adrian Lopez
(210) 207-7805

Application Instructions

This application is for Partnership Projects only.

Please review this information; in addition, NCR Staff is available to assist organizations on a one-on-one basis. If you have questions regarding the preparation of your application, please contact Adrian Lopez at 207-7805.

[All questions on the application should be addressed as thoroughly and accurately as possible. In order to facilitate review of the application it is important to maintain the same format and pagination in each application. For this reason, we ask you to please use the forms provided.]

The City issues invitations to apply for Partnership Projects to organizations based on their readiness and eligibility. If you have not received an invitation, please contact the NCR Program before proceeding. A pre-application meeting with NCR Staff is required.

There is no deadline for applications. Applications will be considered and reviewed as received. Up to two Partnership Projects will be awarded during FY06. City staff will recommend Partnership Projects to City Council for approval.

Place one unbound, original application and eight, bound copies in a package marked "NCR Application".

If submitted by mail, send to:

City of San Antonio
C/O NAD/NCR Program
P.O. Box 839966
San Antonio, TX 78283-3966

or, if hand delivered, to:

City of San Antonio
C/O NAD/NCR Program
1400 South Flores
San Antonio, TX 78204

GENERAL INFORMATION

Name of Commercial District:

Legal Name of Applicant Organization (if different):

Tax ID # :

Mailing Address:

Telephone:

Contact Person Name and Title:

Telephone Number:

Fax Number:

E-mail:

Web Address:

Please type name and title of the person authorized to execute legal documents on behalf of the applicant organization and have them sign below.

Name

Title

Signature of Authorized Representative

Date:

I. CHARACTERISTICS OF THE COMMERCIAL DISTRICT

20 POINTS

1. Describe the boundaries of the targeted commercial district and the rationale for selecting the boundaries. (This are must be selected in consultation with the NCR Program Staff. It should be a manageable, workable size with logical physical boundaries and primarily commercial uses.)

2. Provide a boundary map that clearly outlines the commercial district boundaries as **Exhibit 1**. **Note:** Please call the NCR office at 207-7805 for assistance in producing this map.
3. If your commercial district is a corridor, give distance from one end to the other:
_____# of blocks. _____distance in tenths of miles
4. Estimate the number of commercial buildings in district:
5. Estimate the number of completely vacant buildings in district:
6. Estimate the number of buildings in district with vacant upper floors:
7. Estimate the percentage of buildings that are: Owner-occupied: _____% Renter-occupied: _____%
8. Estimate the number of vacant lots in district:

9. Please indicate the number of establishments in the commercial district that are:

Business type	Present	Closed in the past 5 years	Desired
accounting/tax offices			
antique shop			
apparel/clothing stores			
auto repair			
auto sales			
auto supplies			
bakery			
banks/financial institutions			
bars/lounges			
churches/synagogues			
convenience store			
department stores			
discount store			
florist shop			
furniture/appliance			
gift/card shops			
grocery stores			
hair styling/barber			
hardware stores			
hotel/motel			
insurance companies/offices			
jewelry stores			
laundry/dry cleaners			
law offices			
medical offices			
newspaper/radio/TV			
office supplies, misc.			
pharmacy			
real estate offices			
recreation/entertainmen t			
restaurants			
service/gas stations			
shoe/shoe repair			
specialty shops			
thrift shop			
other:			
other:			

10. Please describe the parking conditions in the commercial district. (e.g. parking availability, parking problems, special needs)

11. Please describe any safety or crime issues in the commercial district and what, if any, actions have been taken to address these issues and the outcomes.

12. Please describe the physical condition of the buildings located in the target area.

13. List the addresses of any government buildings in the commercial district. (e.g. schools, City, County, State or Federal offices)

14. Describe the residential neighborhood adjacent to the commercial district in terms of age, housing characteristics, etc... and list the Neighborhood Associations that the applicant has worked with.

15. What physical improvements have been made through private sector investment in the target area during the last five years? (e.g. façade improvements).

II. ORGANIZATIONAL CAPACITY AND READINESS

30 POINTS

1. When was the applicant Organization formed? _____ Month _____ Year
2. Have Articles of Incorporation been filed with the Texas Secretary of State? ☐ Yes ☐ No.
If yes, attach a copy as **Exhibit 2**.
3. Has a Certificate been issued? ☐ Yes ☐ No
If yes, attach a copy as **Exhibit 3**.
4. Have by-laws been officially adopted by the organization? ☐ Yes ☐ No
If yes, attach a copy of the by-laws as **Exhibit 4**.
5. Does the organization have a 501 (c) (3) designation from the Internal Revenue Service? ☐ Yes ☐ No
If yes, attach a copy of the Letter of Determination from the IRS as **Exhibit 5**.
If no, please explain.

6. If the applicant is a neighborhood organization, is the group registered with the Planning Department?
☐ Yes ☐ No ☐ Not a Neighborhood Organization

If yes, have you completed a Neighborhood or Community plan? ☐ Yes ☐ No or Goals and Strategies Plan? ☐ Yes ☐ No

Please attach a copy of the plan as **Exhibit 6**.

7. List all sources and amounts of funding your organization has received over the past five years (include federal, state, local, private grant and loan funds) and indicate the current balance of each award.

8. The NCR Program funds are awarded on a reimbursement basis. Pending the first reimbursement, your organization will incur expenses. Please explain how your organization will address this issue.

9. Provide signed letters from each officer expressing their commitment to the Project and pledging to dedicate necessary time, comply with contract, attend training and take responsibility for implementing a Partnership Project as **Exhibit 7**.
10. Please submit the applicant’s proposed organization chart as **Exhibit 8**.
11. Have any previous commercial revitalization projects been conducted in the target area? ☐ Yes ☐ No
If yes, please describe.

12. What action(s) has your organization taken to attract business to the commercial district?

13. Describe any efforts your organization has undertaken to assist existing businesses in the targeted area.

14. Discuss any current or previous marketing efforts conducted by your organization to promote the area and/or businesses. (e.g. community/special events, advertising, publications)

III. PARTNERSHIP PROGRAM

40 POINTS

1. What is the organization's Mission Statement?

2. What are the organization's Goals and Objectives for the next 3 years?

3. Please attach the Annual Work Plan for Year 1 as Partnership Project as **Exhibit 9**.

4. Based on the SWOT analysis recently completed by the applicant in conjunction with the NCR staff, discuss the needs of the target area and state how you see the organization providing assistance over the next three years.

5. Describe the types of businesses and industries your organization will target and recruit to the commercial district.

6. One measure of success in the NCR Program is job creation. Indicate any job creation goals your organization has developed or discuss how you anticipate job growth or development efforts will be undertaken.

7. The creation of a pleasing and welcoming physical environment is another key aspect of commercial revitalization. How would your organization work with property owners to enhance the appearance of the area? What are some of the obstacles you might expect to encounter?

8. What kind of promotional or marketing programs do you think would attract customers to the target area? Describe why you think these would be effective.

9. Four standing volunteer committees will guide your organization's revitalization efforts: Business Development, Design/Planning, Marketing/Promotion and Organization. Please describe the volunteer base from which your organization can draw upon to fill committee chair and member positions.

ADDITIONAL INFORMATION

Use the space below to relate any information not covered elsewhere in this application that might be considered in the evaluation of this application.

IV. Responsiveness and Interview

10 Points

Up to 10 points may be awarded by the Evaluation Committee for responsiveness. The evaluation committee may interview applicants for Partnership Projects. These points will be awarded based on the following considerations:

- ◆ Correct assembly of application. Please be certain to include the correct number of copies and tab your exhibits correctly.
- ◆ Questions answered thoroughly and appropriately.
- ◆ Application follows the format outlined. Please be certain to use the forms provided and maintain the original pagination to assist evaluation committee in reviewing the application.
- ◆ Authorized signatures and contact information provided.
- ◆ Interview, if held.

EXHIBIT LIST

All exhibits must appear behind the completed application and be tabbed according to the exhibit number. The title of each exhibit must appear at the top center of the page and possess the appropriate exhibit number and name.

Exhibit 1	Commercial District Boundary Map
Exhibit 2	Articles of Incorporation
Exhibit 3	Certificate of Incorporation
Exhibit 4	Adopted By-laws
Exhibit 5	IRS 501 (c) 3 Letter of Determination
Exhibit 6	Copies of any Neighborhood or Community Plans of Studies
Exhibit 7	List of Stakeholders and Letters of Support
Exhibit 8	Current Organization Chart
Exhibit 9	Work Plan for Year 1
Exhibit 10	Proposed Budget

PROPOSED BUDGET/EXPENSES
Exhibit 10

OPERATIONS	Original Budget
Communications	\$ 200.00
Mail & Parcel Post	\$ 600.00
Rental of Equipment	\$ -
Official Travel	\$ 300.00
Education	\$ 300.00
Advertising	\$ 750.00
Membership Dues	\$ -
Binding, Printing & Reproduction	\$1,500.00
Subscriptions to Publications	\$ -
Insurance & Bonding	\$ -
Office Supplies	\$ 400.00
Janitor Supplies	\$ -
Computer Software	\$ 300.00
Photographic Supplies	\$ 150.00
Filing Fees	\$ 500.00
TOTAL OPERATIONS	\$5,000.00

NCR Chart of Accounts

Please use these categories for budgeting purposes. You do not have to budget money in all categories.

Communication

Includes telephones, pagers, cellular and other communication expenses.

Mail and Parcel Post Service

Expenditures for services of the post office or other mail carrier. Includes postage, postcards, insurance and registration fee, prestamped envelopes, metered postage, postage due and post office box rental.

Rental of Equipment

Expenditures for rental of all equipment including copy machines and excess copies, computers, fax machines, tools. Also includes drinking water dispensers. Does not include the maintenance cost of copy machines.

Education

Expenses for seminars, classes and all related fees.

Official Travel

Approved travel costs incurred to attend seminars and classes.

Advertising

Costs of fees paid to advertise, media advertisements and promotion

Membership Dues

Includes cost of memberships in professional organizations from which the program will derive direct benefit.

Binding, Printing and Reproduction

Cost of printing and reproduction including photocopying, newsletters and printing of flyers or brochures. Does not include cost for toner, paper etc. that are used to operate copy machines

Subscriptions to Publications

Includes cost for subscriptions to periodicals and publications from which the program will derive direct benefits.

Insurance

Insurance and bonding premiums.

Office Supplies

Includes all supplies necessary for the operation of an office such as stationery, forms, small office equipment (less than \$100) such as staplers, letter trays, writing instruments.

Janitor Supplies

Includes all cleaning supplies.

Computer Software

Cost of purchasing software packages.

Photographic Supplies

Includes film, flash bulbs and developing expenses.

Note: Acquisitions of capital items with COSA funds is not permitted under the COSA Operational Guidelines. Capital items, such as furniture, computers, etc... should be leased or acquired through donations.